

CLAIMS ONLY						Application Number <i>10/19160268</i>	Filing Date			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3			/				53			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep.	/						Total Indep.			
Total Depend	17						Total Depend			
Total Claims	18						Total Claims			